

Survey Battery

Primer Form 35

Name	Lee Moore		Grade	K
Teacher	Mrs. Betty Hensley		Date of Testing	4/21-22-80
School	Central Baptist Elem	City	Cinti.	State Ohio

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine									Instructional Reading Level
Reading	37	26	476	1.5	90	1	2	3	4	5	6	7	8	9	Primer
Mathematics	35	33	492	2.7	96	1	2	3	4	5	6	7	8	9	
Language	25	20	375	1.2	84	1	2	3	4	5	6	7	8	9	
Basic Battery (R+M+L)	97	79	410	1.5	94	1	2	3	4	5	6	7	8	9	

Percentile Ranks and Stanines based on tables for

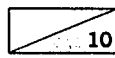
Fall ☐

Spring ☒

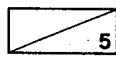
Cluster Analysis

READING

Performance by grade level of reading passages

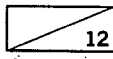


Primer

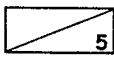


Grade 1

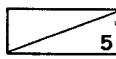
Performance by objective



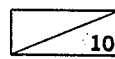
01 Word Reading



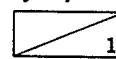
02 Rebus



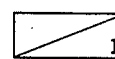
03 Sentence Reading



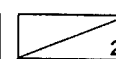
05 Literal Specific



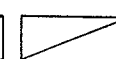
06 Literal Global



07 Inferential Specific

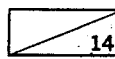


08 Inferential Global

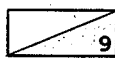


09 Evaluative

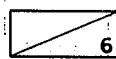
MATHEMATICS



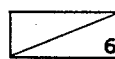
Numeration



Geom. & Meas.

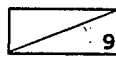


Prob. Solving

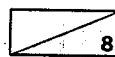


Operations: Whole No.

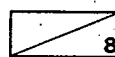
LANGUAGE



Listening Comp.



Spelling



Study Skills

1 2 3 4 5 6 7 8 9 10 11 12 A B C D E

Metropolitan Achievement Tests
 Basic Survey Battery

Primary 1 Form JS

Lee Lee Lee Lee

Name Lee Moore Jr Grade 1

Teacher Mrs. Moore Date of Testing 4/81

School _____ City _____ State Cincinnati

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	55	40	577	2.2	77	1 2 3 4 5 6 7 8 9	GR1
Mathematics	40	21	401	1.7	42	1 2 3 4 5 6 7 8 9	
Language	40	30	458	2.1	70	1 2 3 4 5 6 7 8 9	
Basic Battery (R+M+L)	135	91	472	2.0	68	1 2 3 4 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for

Fall ☐Spring ☒

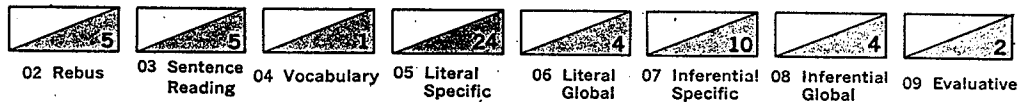
Cluster Analysis

READING

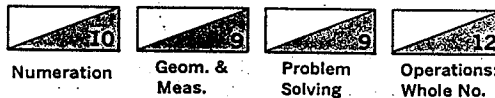
Performance by grade level of reading passages



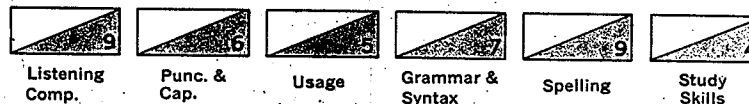
Performance by objective



MATHEMATICS



LANGUAGE



3 4 5 6 7 8 9 10 11 12 A B C D E

Name Monroe, Lee Grade 2nd
 Teacher Mrs. Singleton Date of Testing 4/26/82
 School Central Baptist City _____ State _____

Score Summary Box

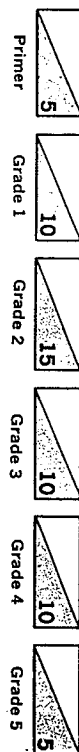
Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	55	44	657	3.4	70	1 2 3 4 5 6 7 8 9	Gr. 3
Mathematics	45	20	445	2.2	22	1 2 3 4 5 6 7 8 9	
Language	55	48	609	4.3	84	1 2 3 4 5 6 7 8 9	
Science	40	25	489	2.8	54	1 2 3 4 5 6 7 8 9	
Social Studies	40	23	460	2.2	40	1 2 3 4 5 6 7 8 9	
Basic Battery (R+M+L)	155	112	561	3.1	62	1 2 3 4 5 6 7 8 9	
Complete Battery (Basic+S+SS)	235	160	520	2.9	58	1 2 3 4 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for Fall ☐ Spring ☒

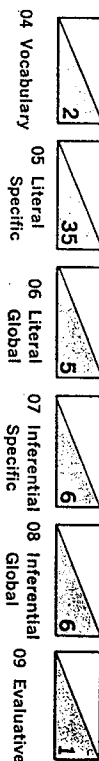
Cluster Analysis

READING

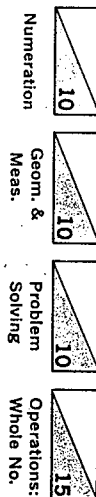
Performance by grade level of reading passages



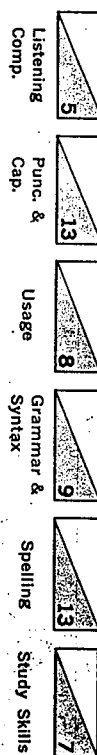
Performance by objective



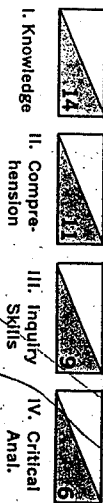
MATHEMATICS



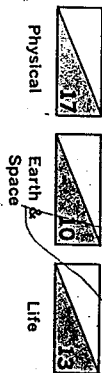
LANGUAGE



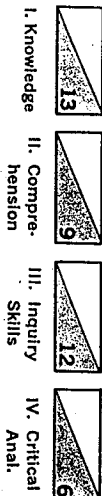
SCIENCE



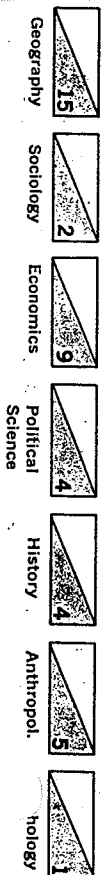
SOCIAL STUDIES



SOCIAL STUDIES



CONTENT AREA



Name Moore, Lee Grade 3
 Teacher Miss Rudolph Date of Testing 4/25/83
 School Central Baptist City Cincinnati State Ohio

Score Summary Box

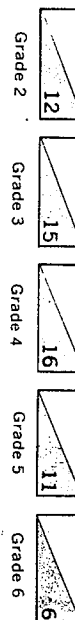
Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	60	51	694	4.6	72%	1 2 3 4 5 6 7 8 9	5
Mathematics	50	24	534	3.2	36%	1 2 3 4 5 6 7 8 9	
Language	60	43	629	4.7	66%	1 2 3 4 5 6 7 8 9	
Science	45	25	556	4.0	58%	1 2 3 4 5 6 7 8 9	
Social Studies	45	27	599	4.7	74%	1 2 3 4 5 6 7 8 9	
Basic Battery (R+M+L)	170	118	620	4.2	60%	1 2 3 4 5 6 7 8 9	
Complete Battery (Basic+S+SS)	260	170	590	4.2	64%	1 2 3 4 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for Fall ☐ Spring ☒

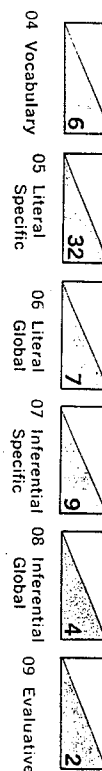
Cluster Analysis

READING

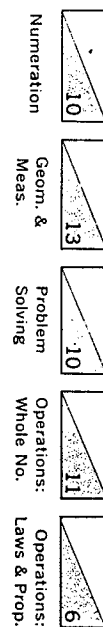
Performance by grade level of reading passages



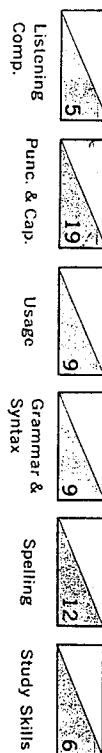
Performance by objective



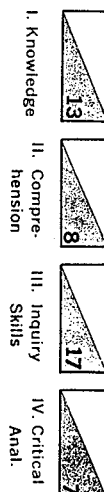
MATHEMATICS



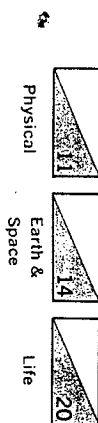
LANGUAGE



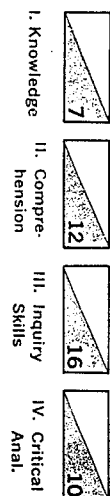
SCIENCE



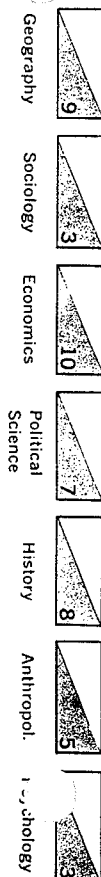
Content Area



SOCIAL STUDIES



Content Area



Metropolitan Achievement Tests

Complete Survey Battery

Elementary Form KS

Name	<u>Lee, Marie</u>	Grade	<u>4th</u>
Teacher	<u>Mrs. Byrd</u>	Date of Testing	<u>April 24, 1987</u>
School	<u>Central Baptist</u>	City	<u>Cincinnati</u>
		State	<u>Ohio</u>

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	60	49	684	4.2	42	1 2 3 4 (5) 6 7 8 9	4
Mathematics	50	21	507	2.8	10	1 (2) 3 4 5 6 7 8 9	
Language	60	42	618	4.4	44	1 2 3 4 (5) 6 7 8 9	
Science	45	29	603	4.9	50	1 2 3 4 (5) 6 7 8 9	
Social Studies	45	28	609	4.9	50	1 2 3 4 (5) 6 7 8 9	
Basic Battery (R+M+L)	170	112	605	3.8	30	1 2 3 4 (5) 6 7 8 9	
Complete Battery (Basic+S+SS)	260	169	589	4.1	38	1 2 3 4 (5) 6 7 8 9	

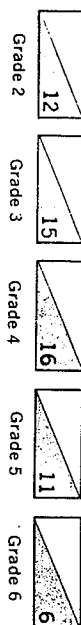
Percentile Ranks and Stanines based on tables for

Fall ☐Spring ☒

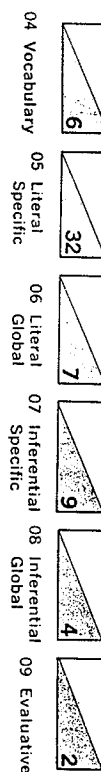
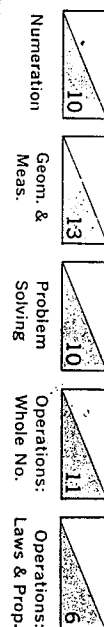
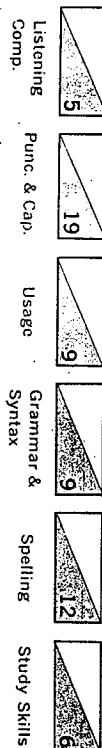
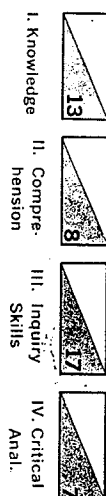
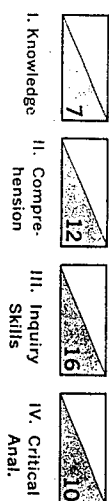
Cluster Analysis

READING

Performance by grade level of reading passages



Performance by objective

**MATHEMATICS****LANGUAGE****SCIENCE****Content Area****SOCIAL STUDIES****Behavior****Content Area**

Moore Lee E.

Enter information in pencil

Birthdate 10-19-74 Home Address

Father's Name Lew Business Phone

Mother's Name Georgia Business Phone

1) School Central Baptist 2) School

3) School 4) School

IMMUNIZATIONS

TYPE	Date	Date	Date	Date	Date
• DPT	11/22/74	12/23/74	2/24/75	4/24/76	4/2/79
Td					
• Polio Sabin (Tri)	12/23/74	2/24/75	4/23/75	4/24/76	4/2/79
• Measles	10/31/75				
• Rubella					
Mumps					
Other					

• Required by Compulsory Immunization Law, Section 3301.07 of Ohio Revised Code

Indicate any conditions and/or diseases of the student the teacher should know of

Date	Test	Result

Date	Date	Date	Date

SCHOOL HEALTH RECORD

3613.13 (Rev. 1974) Ohio Department of Health and State Planning Committee for Health Education in Ohio

HEARING	Date	Result	Date	Result
(Under Result indicate Pass or Fail)		Right Left		Right Left
	3/81	OK OK		
	10/20/82	OK OK		
	11/2/83	P P		

SPEECH	Date	Result	Date	Result
		Right Left		Right Left

Check appropriate box when applicable:
☐ Normal ☐ Articulation Problem ☐ Rhythm
☐ Voice Disorder ☐ Language Problem
☐ Other

VISION	Date	Result	Date	Result
Muscle Balance	10/81	telebinocular		
Farsightedness	11/83	telebinocular		
Color	2/84	telebinocular		

Distance Acuity	Date	Result	Date	Result
		Right Left		Right Left

TUBERCULIN	Date	Type	Result	Date	Type	Result
	6/2/79	True	neg			

PAGE

INDIVIDUALIZED EDUCATION PROGRAMSchool Year 1983-83NAME Lee & Moore BIRTHDATE 10/19/74 AGE 8 DATE Dec 17, 1982PARENTS Georgia Moore ADDRESS 1380 Meadith Circle PHONE 45231DISTRICT OF RESIDENCE Mt. Healthy COUNTY Hamilton BUILDING Central BaptistI. EVALUATIONS COMPLETED/
INFORMATION GATHERED

Boone Voice Evaluation for Children:
History: no history of illnesses or allergies
 had had for several years. See
 indicated that the problem was caused
 by "talking too much".
Vocal Range: Low pitched during conversation;
 soft loudness level; aware, lower
 vocal quality; vocal range limited
 pitched breaks evident, breathiness.
 13 note pitched range.

Breathery: audible and irregular
 with short phrasing. Shall hold
 a tone for maximum of 8 seconds.
oral physiological mechanisms -
 normal in age and function

INT Evaluation: See attached report.
 "Behavioral vocal modules"

II. PRESENT LEVELS OF PERFORMANCE in the following areas
where appropriate:

- 1) Intelligence, 2) Academic Performance, 3) Social/
Emotional Status, 4) Adaptive Behavior, 5) Learning
Modality, 6) Communicative Status, 7) Other.

6) Communicative Status,see attached ~~see~~ report.

CC 0327

NAME Lee Moore

PAGE 2

ANNUAL GOALS	SHORT TERM INSTRUCTIONAL OBJECTIVES	EVALUATION PROCEDURES & CRITERIA
<p>1. clarify vocal quality by drawing awareness to conversation.</p>	<p>1. To produce a sustained, sustained "ah" without hoarse quality, gradually expanding the production as length phenomena with 90% accuracy.</p> <p>2. To vocalize muscle sound and sound production.</p> <p>3. To use pitch levels and to lower lowered levels.</p> <p>4. To increase the sustained sound produced by 10 minutes. Throat clearing was used when labels did not appear quality.</p>	<p>Informal teacher made evaluations which include taped formal samples.</p>
<p>to monitor changes in vocal quality</p>	<p>1. To identify the production of hoarse speech samples with 90% accuracy.</p> <p>2. To alter speech pattern when hoarseness is identified 90% accuracy.</p> <p>3. To identify vocalization when hoarse is observed in formal and when in the other.</p> <p>4. To alter speech pattern when these vocalizations.</p>	

CC 0328

PAGE 3

NAME Lee Moore

Program Option	Check Needs	Date to be Initiated	Anticipated Duration	Special Program	Related and Supportive Services	Date Services to be initiated	Anticipated Duration
Regular Education	X				Speech & Language Therapy	Jan, 1983	2x wk / 1 hr.
Supplemental Services					Occupational Therapy		
Individual/Small Group Instruction					Physical Therapy		
Special Class/Learning Center					Attendant Service		
Home Instruction					Transportation		
Residential					Orientation & Mobility		
Other					Counseling		
					Vocational Assessment		
					Work-Study		
					Adaptive Physical Ed.		
					Other		

V. Needs Which Necessitate Placement in a Separate Educational Facility: none

Recommended District or Educational Agency of Attendance HarneytownCounty Blount Building Central BaptistExtent of Participation in Regular or Vocational Educational Program: full

VI. CRITERIA AND SCHEDULES FOR PERIODIC/ANNUAL REVIEW

Annual or upon parental or teacher request

VII. ADDITIONAL SERVICES NEEDED FOR IMPLEMENTATION OF PROGRAM THAT WILL BE PROVIDED BY PARENTS AND/OR OUTSIDE PROFESSIONAL AGENCIES

none

The above recommendations have been made by the committee and we feel they are appropriate.

Conference Participants:

NAME

Chairperson

NAME

TITLE:

NAME

TITLE:

NAME

TITLE: ChairpersonDate 1-5-83 Parent George L. Moore

I have reviewed the above educational program and
 ACCEPT ☒ DO NOT ACCEPT ☐
 the recommendation of the Committee. I also waive my
 right to certified mail.

CC 0329

EVALUATION OF COMMUNICATION PERFORMANCE

Student Lee Moore Teacher Miss Rudolph Gr. 3 Room _____

As a result of a speech and hearing evaluation, the following speech & language disorders were observed:

- ☐ Language impairment: A significant deviation in expressive or receptive oral language in the specific areas of morphology (sounds), syntax (grammar), and/or vocabulary.
- ☐ Articulation impairment: The consistent misarticulation of one or more phonemes. The results of a norm referenced (standardized) prognostic evaluation instrument must be considered for a child below eight years of age prior to determining eligibility for services.
- ☐ Fluency impairment: Reduced intelligibility and rate because of a high disfluency ratio and/or struggle or avoidance and fear of speaking situations.
- ☒ Voice impairment: Exhibits difficulties in the areas of pitch, quality, and/or loudness not appropriate to the student's age or sex.
- ☐ Hearing impairment: Has a measurable hearing loss, the type and/or degree of which is adversely affecting the child's communication skills as determined by an audiologist's evaluation.

Instructions to the Teacher: Your observation, which is part of a multi-factored assessment procedure, is in accordance with the guidelines for current program standards for special education units for speech, language, and hearing services in the state of Ohio (#3301-51-08 B. 4. C.). Please complete the following with a "yes" or "no".

- no The child avoids speaking situations.
- yes Other children in the class seem to react negatively toward the child because of his/her speech.
- no The child's social maturity and interaction is inappropriate for age and grade level.
- no The child has difficulty participating in classroom discussions involving two or more persons.
- no The child has difficulty hearing and understanding directions, conversation, and material presented during class most of the time.
- no The child has difficulty understanding material presented via audio-visual equipment.
- no The child has difficulty listening and discriminating likenesses and differences in speech sounds.
- no The child uses incomplete sentences and language inappropriate for grade level.
- no Vocabulary development and comprehension is inappropriate for grade level.
- no The child has difficulty understanding concepts such as space, quantity and time appropriate for age level.
- no The child's speech ability is reduced when the child is placed in a stressful situation.
- no The child communicates with gesture in lieu of speaking.
- no The child has difficulty demonstrating reasoning ability and knowledge of cause-effect relationships appropriate to age level.
- no The child's verbal intelligibility is reduced hampering his/her ability to communicate information.
- no The child has difficulty correctly producing sounds.
- no The child has difficulty blending sounds together to form words.
- yes The child's vocal quality detracts from the message he/she is trying to communicate.

The following professionals are in agreement that this child is adversely affected due to the presenting communication disorder when compared to his/her peers.

Signed: Miss Rudolph
Teacher

Date October 20, 1982

Sharon C. Hamed
Speech-Language Pathologist

Date Nov 12, 1982

Ronald N. Mellish
School Representative

Date Jan 5, 1983

Please return to the speech-language pathologist as soon as possible. Thank you for your cooperation.

December 1, 1982

Name: Lee Moore
Age: 8
B.D.: 10/19/74

D.O.E.: 10/15/82
Clinician: Diane Games

Reason for Referral: Miss Rudolph referred Lee for an evaluation due to consistent hoarse vocal quality noted in classroom activities. She noted that the voice became worse during the day and that the hoarseness did not appear to be connected with allergies or a cold.

Vocal Description: During an evaluation the following observations:

- .severe, hoarse vocal quality which worsens at the end of the day or following prolonged phonation,
 - .pitch range limited to 13 notes with habitual pitch at the bottom of range. Pitch varies little during conversational tasks and pitch breaks were noted,
 - .soft presentation of voice was noted with periods of audible, irregular breathing.
- Lee could sustain a sound for 8 seconds.

History: Lee's voice problem has been evident for several years. There is no history of allergies or illness.

Recommendations:

- .Evaluation by an ear,nose and throat specialist to determine if a physical problem is causing the hoarse quality.
- .Vocal therapy to reduce the hoarse quality.

Diane Games M.A.
Speech-Language Pathologist

AUXILIARY SERVICES

E.N.T. SPEECH CLINIC

LARYNGEAL REFERRAL

SCHOOL Central Baptist PUBLIC SCHOOL DISTRICT Winneytown School District
 OF ATTENDANCE 5779 Winton Rd.
 ADDRESS FOR BILLING Cinti, Ohio 45231

NAME Moore Lee L. PARENT/GUARDIAN Georgia Moore
 (Last Middle First)

ADDRESS 1280 Meredith PHONE 522-1092 D.O.B. 10/19/74
Cinti, O 45231

REFERRING THERAPIST/NURSE Diane C. Hames DATE Nov. 11, 1982

KNOWN MEDICAL HISTORY Hoarse vocal quality has been present
for several years. No known history of illnesses or
allergies and is not on medication

Evaluations Completed

	Circle One	Problems Noted
Articulation	<u>Passed</u> / Failed	
Language	<u>Passed</u> / Failed	
Voice	Passed / <u>Failed</u>	<u>Hoarse vocal quality</u>
Dysfluency	Passed / Failed	
Hearing	Passed / Failed	

EXAMINING LARYNGOLOGIST P.T. Carter DATE OF EXAM. 1.2.10.82

NOSE: Is there obstruction in the nasal passages? _____
 If so, please explain. _____
 Is there sinus infection or nasal allergy? _____

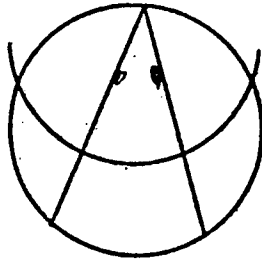
PHARYNX: Is there any asymmetry of muscle contraction? _____
 Are there any growths or other abnormalities: _____

LARYNX: Examination by indirect laryngoscopy _____

*General size of Larynx:	*Function of Cords (on phonation)
Normal _____	Symmetrical _____
Larger than normal _____	Bowing _____
Smaller than normal _____	Deviation from midline _____
*Approximation:	*Appearance of Vocal Folds:
Complete _____	Thickened _____
Partial _____	Edematous _____
	Inflamed _____
*Attack:	Infected _____
Normal _____	Malformed _____
Hard _____	Scars _____
Incomplete _____	Growths _____
	Others _____

Presence of Vocal Pathology: Please indicate location on diagram.

Nodules _____ Polyps _____ Ulcer _____
Other _____ None _____



Epiglottis
Anterior 1/3

Medium 1/3

Posterior 1/3

Size: _____

Appearance: _____

Hard _____

Soft _____

Other _____

Arytenoid Process

Does this patient have allergies, hypothyroidism, anemia, or any other chronic condition which might contribute to the abnormal voice quality _____

Has this patient's misuse of voice contributed to abnormal structure or function? _____

Do your findings explain the abnormal voice quality? _____

In your opinion, it is possible that a continuation of present voice use may contribute toward future or increased disorders of the mechanism? _____

RECOMMENDATIONS:

Do you recommend any of the following: Silence _____ Duration _____ Limited use of voice _____ Duration _____ Training by a speech clinician to help patient establish easy, efficient use of the vocal mechanism _____
Other recommendations _____

Bilateral Vocal Cord Nodules (L) & R

Refrain from speech 14

Please return to:

Diene James
Central Baptist School
7645 Winton Road
Cincinnati, Ohio 45224

Cotton

Physician's Signature

Date Dec 10/87

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300

Cincinnati, Ohio 45202

Phone: (513) 651-9300

Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
Director

WILLIAM WALTERS, PH.D.
Assistant Director

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MR. THOMAS B. SCHERPENBERG

MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 2, 1994

Juvenile Detention Center
of Butler County
Attn: Records
280 North Fair Avenue
Hamilton, Ohio 45011

RE: Lee Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell

Jenny O'Donnell, B.S.
Psychology Trainee

CC 0334

CENTRAL PSYCHIATRIC CLINIC
 COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
 513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON

JDC in ~~Butler~~ Butler County in 91

ADDRESS

280 N. Fair; 45011 887-3800
Ave.

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Reports of Tests or X-rays |
| <input checked="" type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input checked="" type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic: _____ |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>All Records</u> |
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Outpatient | |

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on _____.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Moore

Lee E. Moore Jr.
 (Signature of Client)

Date of Birth 10-19-74

Social Security No. 284-74-1946

9-1-94
 (Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by

Jenny O'Donnell
 (Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

CC 0335

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON

Pamela King, Probation Officer (Juvenile)

ADDRESS

852 8747

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---|--|
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| <input type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
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| <input type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic: _____ |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>Please Call</u> |
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| <input type="checkbox"/> Outpatient | |

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Lee E. Moore Jr.
(Signature of Client)

Date of Birth 10-19-74Social Security No. 284-74-1946

9-1-94
(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by

Jenny O'Donnell
(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

352-1342

CC 0336

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
Cincinnati, Ohio 45202
Phone: (513) 651-9300
Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
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MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 1, 1994

Hamilton County Justice center
Attn: Records
1000 Sycamore Street
Cincinnati, Ohio 45202

RE: Lee Moore DOB: 10-19-74

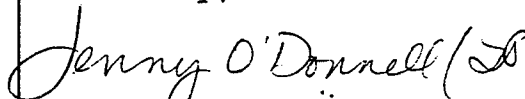
TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,



Jenny O'Donnell, B.S.
Psychology Trainee

CC 0337

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON HCC Intake Records

ADDRESS 1000 Sycamore, 45202

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Reports of Tests or X-rays |
| <input type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic: <u>MHI & Intake</u> |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>All Records</u> |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Outpatient | |

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I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Moore X Lee E. Moore Jr.
(Signature of Client)

Date of Birth 10-19-74

Social Security No. 284-74-1946 9-1-94
(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell / DAVE CHIAPPONE
Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Jenny O'Donnell
(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

CC 0338

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
Cincinnati, Ohio 45202
Phone: (513) 651-9300
Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
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MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 1, 1994

Juvenile Detention Center
Attn: Records
2020 Auburn Avenue
Cincinnati, Ohio 45219

RE: Lee Moore DOB: 10-19-74

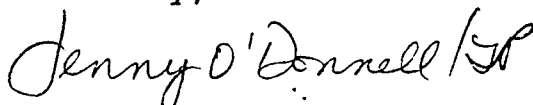
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Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,



Jenny O'Donnell, B.S.
Psychology Trainee

CC 0339

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON 70/20 - Juvenile Detention Ctr. Attn: Records
ADDRESS 2020 Auburn Ave., 45219

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

<input checked="" type="checkbox"/> Discharge Summary	<input type="checkbox"/> Reports of Tests or X-rays
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<input checked="" type="checkbox"/> Complications & Operative Procedures	<input type="checkbox"/> Outpatient Clinic Notes
<input checked="" type="checkbox"/> History and Physical	<input checked="" type="checkbox"/> Specify Clinic <u>All Records</u>
<input type="checkbox"/> Consultative Report(s)	<input checked="" type="checkbox"/> Other <u>All Records</u>
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FULL NAME OF CLIENT Lee Moore

Date of Birth 10-19-74

Social Security No. 284-74-1946

D. Lee E. Moore Jr.
(Signature of Client)

9-1-94
(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Jenny O'Donnell

(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

CC 0340